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Bib Data Sheet

CONFIRMATION NO. 1846

<b>SERIAL NUMBER</b> 09/753,656	<b>FILING DATE</b> 01/04/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 2333-69	
<b>APPLICANTS</b> Peter Forsell, Menzingen, SWITZERLAND; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/373,224 08/12/1999 ABN <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 04/24/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Djm</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 99	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> NIXON & VANDERHYE P.C. 8th Floor 1100 North Glebe Road Arlington, VA 22201-4714					
<b>TITLE</b> Controlled food flow in a patient					
<b>FILING FEE RECEIVED</b> 1251	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		